



New Jersey Department of Children and Families Policy Manual

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Subchapter:	5	Eligibility Information	
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I. PURPOSE

The purpose of this policy is to outline specific client eligibility requirements for Division of Youth and Family Services (DYFS) funded social services. This policy supplements Department client eligibility requirements included in policy [CON-I-A-5-5.01.2007](#), Client Eligibility.

I. SCOPE

This policy applies to all contracted social services funded by the Division of Youth and Family Services.

II. POLICY AND PROCEDURES

A. Eligibility for social services may be determined according to one of three distinct sets of criteria and procedures outlined below:

1. Without Regard to Income

In determining eligibility, income is not considered for persons in any of the categories listed below.

a. Protective Services (PRS)

i. Eligibility Criteria

Persons classified as "in need of protective services" are eligible for services. This classification is determined by the following authorities:

(1) A Local Office of DYFS (for children only)

(2) A county welfare agency (CWA) (for adults only)

(3) The Provider Agency (for adults – domestic violence only)

ii. Application Procedures

In order for an applicant to be eligible without regard to income by reason of his/her classification as "in need of protective services," one of the above agencies is required to document, in writing, in the respective client case record, the circumstances which support the determination that the applicant is subject to or at risk of abuse, neglect, or exploitation.

In addition, the Provider Agency records must stipulate that the applicant is eligible for services without regard to income due to his/her being "in need of protective services."

If the determination of eligibility has been completed by a DYFS Local Office or CWA, DYFS Form 26-19 is completed to document eligibility. A copy of this form is forwarded to any other provider of service when the applicant requests a DYFS funded social service from that Provider Agency.

iii. Redetermination

If the client has been determined by DYFS or a CWA as eligible due to the "in need of protective services," it is their respective responsibility to complete the redetermination every 6 months. Anytime there is a change in eligibility, DYFS or the CWA will advise the Provider Agency by forwarding the determination form.

b. Juvenile-Family Court Services

i. Eligibility Criteria

Individuals determined by the Family Part-Superior Court (the Family Court) or its Crisis Intervention Unit as "in need of juvenile-family court services" are eligible to receive services. This determination is verified by the Provider Agency. Public Law 1982, Chapter 80, which establishes juvenile-family court services does not provide for income screening. These clients should be served without regard to income.

ii. Application Procedures

In order for an applicant to be eligible without regard to income by reason of their classification as "in need of juvenile-family court services," the Provider Agency is required to document, in writing, in the respective client case record, that the client is receiving juvenile-family court services.

iii. Redetermination

Once the juvenile-family is eligible to receive juvenile-family court services, the service continues until it is no longer needed.

2. Temporary Assistance to Needy Families (TANF) or Supplemental Security Income (SSI)

a. Eligibility Criteria

Persons receiving TANF (including those persons whose needs were taken into account in determining the needs of TANF recipients) or persons receiving SSI are eligible for services.

b. Application Procedures

If an applicant meets the TANF or SSI status condition, the Provider Agency's client record must include the applicant's TANF or SSI number and must indicate the applicable status as the condition for eligibility.

For day care or homemaker services, verification of the applicant's TANF or SSI status must be provided by the TANF or SSI program or by the applicant's submission of appropriate documentation.

Examples of items an applicant may use to document his/her status as an TANF or SSI recipient include:

- i. a current Medicaid card;
- ii. a recent SSI award letter;
- iii. a copy of a recent SSI check; or
- iv. a recent TANF check stub.

c. Redetermination

In general, the Provider Agency must redetermine eligibility of a client every 12 months. However, if the client's situation changes in any way which would affect his/her eligibility, redetermination must be completed within 30 Days of the change.

3. Gross Monthly/Annual Family Income

NOTE: Gross monthly/annual family income is used to establish eligibility for services only when the applicant does not meet the criteria of (1) Without Regard to Income PRS or "in need of juvenile-family court services" or (2) TANF or SSI.

a. Eligibility Criteria

Persons, whose gross monthly/annual family income does not exceed established limits, as indicated on the Income Schedule in Attachment 1, are eligible for services.

b. Application Procedures

The Provider Agency is responsible for determining eligibility for services based on gross monthly/annual family income.

i. Process for Determining Eligibility

Determine gross monthly/family income, according to the following steps:

- (1) Determine the family size, according to the guidelines included in Attachment 2, Family Size;
- (2) Determine gross income, according to guidelines regarding allowable resources and excludable resources in Attachment 3, Income Resources and Exclusions; and
- (3) Using the family size and gross income numbers already established, refer to Attachment 1, Income Schedule, to determine if the applicant is eligible for services.

ii. Verification of Eligibility

One of two methods will be used to verify an applicant's eligibility:

(1) Declaration of Amount and Source of Income

Declaration is the applicant's verbal statement that indicates income maintenance status (TANF or SSI) or amount of income for the applicant and/or family members. The amount and source of the income need not be documented. With the exception of day care and homemaker services, eligibility for services can be verified based on the applicant's declaration.

(2) Documentation of Amount and Source of Income for Day Care and Homemaker Services Only

Documentation is actual evidence verifying the applicant's eligibility. Such documentation may be

- (a) a copy of the source document,
- (b) written statement of the Provider Agency concerning the contents of the source document, or
- (c) the Provider Agency's written statement on the basis of verbal communication with agencies or employers verifying the applicant's and/or family members' income.

Examples of source documents of gross income include:

- (a) pay stubs, W-2, or 1040 forms;
- (b) business records;
- (c) pension statements;
- (d) correspondence from employers or
- (e) agencies (e.g., Social Security Administration, Veterans Administration, State employment agencies) that indicate the specific amount of the applicant's and/or family members' income..

If an applicant alleges that income is received as cash without a receipt, documentation requires contacting the employer for confirmation of the amount.

Documentation must be retained or written in the individual applicant's case file.

c. Redetermination

The Provider Agency must redetermine eligibility of a client every 12 months. However, if the client's situation changes in any way which would affect his/her eligibility, redetermination must be completed within 30 calendar days of the change

B. Fees

Client fees are only charged for Day Care services.

Client fee schedules for Day Care services are on file with the Provider Agency and the Division.

Commissioner